

Supreme Court plugged with ICBC cases

Recently media focus has been on high-profile criminal cases being thrown out of court due to time delays. I am sure most law-abiding citizens of this province are dismayed when a presumed innocent but obviously guilty scumbag goes free, not due to inadequate evidence but court delays. We aren't talking about good people here. I started to get curious about why these trials get delayed, so I did some research.

Criminal cases are heard in the Supreme Court of BC and there are approximately 1500 new criminal trials per year in BC. While this seems like a lot it pales in comparison to the roughly 65 000 new civil cases tried in this court yearly. Even more remarkable is that 20% to 25% of these civil cases are personal injury claims involving ICBC.

This means that violent criminals are going free in part because lawyers and judges are tied up arguing about how much compensation a complainant deserves for their accident-related persistent neck or back pain. I'm not saying that people hurt in car accidents don't deserve compensation. However, based on my experience the cases that go to trial aren't about fractures, chest trauma, or abdominal injuries. They usually involve

soft tissue injuries of the neck and back. Is this really what we want our Supreme Court to be doing?

We all have patients who are seen frequently for months and years after their fender benders. They have persistent pain and are often unable to

Perhaps there is a better way to deal with car accident victims?

work or enjoy their recreational pursuits (ever wonder why patients never seem to have persistent pain and disability after falling skiing or cycling?). These patients often have numerous treatments from physiotherapists, chiropractors, and massage therapists, often with little success. Usually a lawyer is involved early on, often at the advice of their family, friends, co-workers, barista, or hairstylist. I will admit that all these office visits, ICBC reports, and medical-legal reports pad my income, but I would happily eliminate this part of my practice. The more time I spend on personal injury claims the less time I have to devote to patients with ear infections, coughs, abdominal pain, and so on. I find these patients often become so focused on their upcoming litigation and entitlement to compensation that they forget what is important: their health and happiness. Often their lives are on hold during this long and arduous process. Interestingly, after a claim is settled these patient's injury-related office visits and complaints seem to come to an end.

Perhaps there is a better way to deal with car accident victims? The other major provincial institution we

interact with as physicians is Work-SafeBC. Dealing with workers' injuries requires fewer lawyers, and their disputes aren't plugging the court system. However, I am guessing that the compensation board costs large amounts of money to run. How about if an individual injured in a motor vehicle accident isn't satisfied with what ICBC offers they could request binding arbitration? These arbitrators would be appointed according to guidelines developed and agreed upon by both consumers and ICBC. I'm not saying that this is the best solution, but I think it is time to start a dialogue. We need to free up our Supreme Court so that it can do the important work of criminal justice.

—DRR

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How does one retire?

Not long ago I attended the annual medical staff dinner of our local hospital. It was open to all physicians on staff at our hospital, along with their partners. In years past these gatherings used to be quite large, but over the years the contingent of doctors willing to have hospital privileges has dwindled. I had debated whether to go or to stay home with my family. I am glad I went, as it

was an enjoyable evening socializing with colleagues in a non-work setting. The food was okay and the live entertainment, a guitarist/singer, was surprisingly good for such a low-key event. The speeches were humorous. Speakers paid tribute to a number of our colleagues who had retired in recent months and presented them with gifts on our behalf. Some of the recent retirees were not in atten-

dance—I pictured them getting on with their lives in a healthy fashion, maybe off traveling or spending time doing non-medical activities. One of the retirees was there and described how busy his life had become since retirement. Two of our colleagues who had apparently retired in previous years were in attendance, back at work after realizing that they were not ready to retire, either for social or financial reasons, perhaps. It's our gain that they are back.

That got me thinking of how I was going to retire. Although I am not close to the traditional retirement age, I am closer now than ever before. I recently grew a beard, which, according to my mother, made me look much older. It had something to do with the fact that there was more salt than pepper in the beard. I remember being the youngest doc on the block, but, alas, no longer. I am teaching future doctors who theoretically are young enough to be my children. I used to think that most of my patients would be able to have me as their doctor for the remainder of their lives. Now, most of my patients may be looking for a new doctor before the end of their lives. That's a strange thought.

At a recent Physician Support Program session on end-of-life care, as we were all being introduced to each other, the topic of retirement came up. A colleague made the point that we

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Having given up working in the ER and as a hospitalist, I must be semi-retired, “only” maintaining an office practice, with hospital privileges and obstetrics.

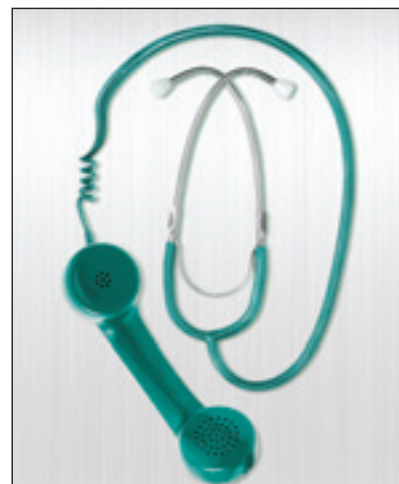
start retiring quite early on in our careers and do it in stages. For example, some of us started out doing “everything:” working in our office, at the hospital, in the ER, doing obstetrics, being a hospitalist, and so on. As the years go by, we dropped things in stages. Having given up working in the ER and as a hospitalist, I must be semi-retired, “only” maintaining an office practice, with hospital privileges and obstetrics.

I look to my older colleagues and mentors to show me the way. My

father, a chartered accountant who turned 80 last year, is still working. He retired from his career job years ago, but then went straight back into the workforce, first as a not-so-silent silent partner in a small business. Since then he has been doing accounting work on a contractual basis. Other people I know have retired differently; they have devised a plan over the final 1 to 2 years of their careers. They have looked forward to their retirement, with their plan in mind, and have transitioned smoothly and are enjoying every minute of it. Many of them have had to reinvent themselves and their identities (“If I am not a doctor, then who am I?”).

I think that we have to start thinking about the answer to that question much earlier than just before retirement. If we can answer that question, then we are well on our way to a happy and fulfilling retirement. I believe that I still have a way to go.

—DBC



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